

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043374

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. 5390 Registrar's No. 103

FILED NOV 20 1963

1. PLACE OF DEATH

a. COUNTY Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SalemLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION At ResidenceInside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dent

c. CITY OR TOWN Salem

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS Rt. 4

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
DIAN

Middle

PLANK

Last

4. DATE OF DEATH

Month Nov

Day 16,

Year 1963

5. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2/3/19529. AGE (last birthday)
11IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Lawton, Oklahoma12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

Eugene Plank

13b. MOTHER'S MAIDEN NAME

Goldie Fox

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eugene Plank, Salem, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uncompensated Cardiac Decompensation
with generalized systemic infectionINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Gargolyism

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1963 to Nov. 16, 1963 and last saw her alive on 11-16-63
Death occurred at 6:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Salem, Mo.

22c. DATE SIGNED

11/18-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Nov. 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Cedar Grove Cemetery

23d. LOCATION (City, town, or county)

Salem, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home, Salem, Mo.

25. DATE RECD. BY LOCAL REG.

11-18-63

26. REGISTRAR'S SIGNATURE

M. M. Hart, M.D., L.P.M.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0330

2 0330

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stephen E. Perkins

Licensed Embalmer No. 5181

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.